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SELF KIT Program: Strategies for Improving Children' Socio-Emotional Competencies

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Abstract

The last decades have revealed a worrying increase of unhealthy emotions and behaviours in the educational medium. Being interested in reducing them, in the present study we set out to demonstrate that a psychological counselling program (SELF KIT), designed by us ad hoc, is efficient in developing social and emotional competencies and helping kindergarten children when they are confronted with emotional problems. The outcomes revealed that cognitive and social-emotional competencies significantly improved after the program implementation ($F=4,7$, $p<0.05$), and the frequency of conduct disorders decreased ($F=4,3$, $p<0.05$). Our data support the ecological validity of the SELF KIT program.

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1. Introduction

Based on the principles of the Albert Ellis rational emotive behavioral therapy (REBT), (Ellis, 1971), the rational emotive education program (REE), (Knaus, 1974) proved to be an efficient way of working with children that showed internalized or externalized problems. As studies showed, irrational beliefs appear to be related to internalized and externalized emotional and behavioral problems (Silverman & DiGiuseppe, 2001), so if we want to reduce negative dysfunctional behaviors and emotions, the best way to do it is to increase rational thinking. REBT was first used in a school setting in 1970, in Living School, an institution coordinated by the Institute for Rational Emotive Therapy in New York (Bernard, Ellis, & Terjesen, 2006) that involved teachers, rather than psychologists, in

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working with children. Since then, REE started to be a challenge and an efficient method to be implemented in schools, and not only for preventing and optimizing children's and adolescents' mental health state.

REBT with children and adolescents actually implies two types of programs: (1) rational emotive therapy (or RET) used in individual counseling and therapy session with young people and parents or significant others and (2) in the form of a curriculum taught to a class of children (Hajzler & Bernard, 1991), called rational emotive education, or REE. Because in many settings and in many countries it is very difficult to take a child to a psychologist, a curriculum based on REBT principles seems to be the perfect solution. Usually the REE programs have been taught to groups of children as young as eight ((Hajzler & Bernard, 1991) where the main topics were: accepting responsibility for their own emotional state, how to use cognitive, behavioral, and affective techniques to reduce self-defeating attitudes, feelings and behaviors and strategies to improve their overall functioning. The results of REE programs showed a decrease of irrational beliefs (Buckley, 1983), a significant effect on emotional regulation mechanisms (DiGiuseppe, & Kassonov, 1976), school performance (Sapp, 1996) and social skills (Flanagan, Jonsson, Botcheva, Csapo, Bowes, Macek, Sheblanova, et. al 1998), reduced anxiety (Rosenbaum, Biederman, Gersten, Hirshfeld, Meminger, Herman, et al. 1988) and depressive symptoms (Wilde, 1999).

Looking at the extension of the studies on REE programs mentioned in different databases, we concluded that most of them are applied in United States, Canada and Australia. Diekstra (Diekstra, 2008), after analyzing 19 meta-analyses available between 1997 and 2007, notes that Social Emotional Learning programs or SEL had a positive impact on both externalized and internalized problems, although there are fewer studies on stress, depression, suicidal attempts, anxiety.

In Europe, REBE and REE programs are known under the name of SEL, Social and Emotional Aspects of Learning (SEAL), Skills for Life, Emotional Intelligence, Character Education etc. All these programs are a form of REE and focus mainly on behavior and emotional regulation. Most of them are based on emotional intelligence principles, but in The Netherlands the "Skills for Life" program is based and follows the REBT theory.

Taking all this into consideration, we observed that in Romania, the REE programs are translations of well known programs like - "Rational stories for children" (V. Waters), "Developing Emotional Intelligence through Rational Emotive Behavioral Education" (A. Vernon), "You Can Do It! Education" (M. Bernard). But, along the positive effects (Trip, McMahon, Bora, Chipea, 2010) the studies revealed some problems – not all the stories and activities are well understood by children, the stories don't follow the same cultural pattern as Romanian stories do, the activities don't have the same impact on children as expected (Cristea, Benga&Opre, 2008), (Opre, Giba, 2010), some of the subjects discussed in the group sessions are not familiar to our pupils etc. Due to this kind of obstacles, the effects are not as good as expected, so the next step was to create programs that could fill in the "limitations".

2. SELF Kit program

In this paper we focus on an REE program called SELF Kit (Social Emotional Learning Facilitator Kit), the program website (<http://www.selfkit.ro>). As scientific literature states (Diekstra, 2008), (Hajzler&Bernard,1991), a good rational-emotive education curriculum must be complex and have materials that can be used by educators, school counselors, school psychologists, children and teachers. Designed by a team of cognitive- behavioral psychologists, pedagogues, and teachers with practical experience in school and kindergarten, the program takes into consideration the following outlines: (1) respects the ontogenetic stages of development, (2) is based on the psychological development characteristics of children, (3) follows the structure of the Romanian educational curriculum, (4) reflects the specificity of Romanian culture. After a needs assessment with pre-school and primary- school teachers, meant to identify the emotional problems that our children are confronted with, we observed that there are 8 negative dysfunctional emotions that ought to be included in our program: **depression, anxiety, fear of emotional injury or being hurt, anger, guilt, shame, jealousy and envy**. Each emotion is presented in a module that comprises: a story, a folk tale, one or more therapeutic activities, games with letters, words and images (cross-words), poems, coloring pages, encyclopedia, proverbs and sayings, board games and the audio story- telling. All these elements are saturated in REBT theory and principles but are also related with the help of an elf named SELF. He is someone with special powers, like an elf, but his magic is "the magic of good thoughts" - as the title of the book in which the children can find the 8 stories.

Each story can be described as a counseling/therapy session, in which the main character is confronted with a situation that activates his/her irrational beliefs. The emotional and behavioral dysfunctional consequences are described in words but also with the help of story images (a specific feature of pre-school education). After that, as

in a classical counseling session, another story character (the therapist/the counselor) does the cognitive change - he teaches "the client" how to think rationally, what rational thoughts to have in order to change the way he/she feels and behaves.

The therapeutic activities represent the disputation of irrational beliefs of the character in the story. They focus mainly on children re-living the negative experience, on identifying the relation between cognition and emotion and how they can change "unhealthy thoughts" with good ones (they do this through specially designed games, role-playing and conversation or debate). The poems, the board games, the cross-words, the coloring pages are all a reminder of the ABC cognitive model of REBT, in order to constantly remind the children of the power of rational thinking.

3. Method

3.1 Subjects

We got into contact with a state-run kindergarten whose administration agreed to participate in our study. All of the 4 to 6 year-old children enrolled, participated in the initially screening process to qualify as subjects. Written agreement from parents was asked for. From the 184 children, one hundred sixty-two children, consisting of 89 girls and 73 boys, were selected for the study and included in the intervention groups. All children have residence in Cluj Napoca, 6 have Hungarian for their mother tongue but speak Romanian very well, and 4 are included in a monthly session with a school psychologist for disruptive behavior. No other problems (emotional or behavioral) were mentioned by the teachers or psychologist.

3.2 Measures

Children were assessed by teachers and parents using the PEDa Platform (Platform for Child Development Evaluation, (the platform website <http://www.cognitrom.ro>) This platform contains 49 psychological screening scales and tests, created and adapted for the Romanian population, according to developmental milestones and Romanian educational system competencies. PEDa is a multi-method and a multi-observant evaluation system designed for parents (18 scales), teachers (36 scale) and psychologists (49 scales and tests). For this study, in accordance with our objectives, we used only the following scales: social competencies scale, emotional competencies scale, cognitive competencies scale, motor competencies scale, personal autonomy scale, disruptive behavior scale and Spence anxiety scale (adapted for Romanian children population). Each scale has a form for parents and a form for teachers, the items are rated on a Likert scale type with 3, 4 or 5 points.

3.3 Procedure

In this study we want to demonstrate that the SELF Kit program is efficient in developing social and emotional competencies in children ages 4 to 6. After the initial evaluation the children were assigned in different intervention group (3x2 factorial design, see fig. 1). Because we planned to test the efficacy of the SELF Kit program, and because we know that the teacher's educational background is important, we chose to use the team expertise as an independent variable (REE expertise vs. no REE expertise), along with the type of intervention. To measure the impact of the program, children were divided into 3 groups. One group followed the SELF Kit program, implementing all the 8 modules (1 module per week). In the second group the teacher had a conversation with the children about emotions, thoughts, good behavior during activities designed by the classroom teacher (non-systematic REE program), and the last group received no intervention. After 8 weeks, the children were again evaluated, using the same scales.

For the 3 REE expertise teachers, we designed and deliver a training program that comprise the understanding of REBT principles, the ABC cognitive model, the structure of a REE program and with the one that was working with the SELF Kit we had 4 meetings in which we explained the structure of the program, the activities typology and established some ground rules for the implementation. One person from our team assisted the SELF Kit teacher during the classes and stepped in the activity when necessary. The purpose was to monitor the intervention and the correct explanation of the B-C connection (B- belief, C-consequences), because the teachers usually make a wrong connection between A (activating event) and C (consequences). For the other groups, members from our team observed the teachers but they had no implication in the classroom and gave no extra information. The purpose was

to gather qualitative information, observe how teachers relate themselves to the children and the topic of emotions, cognitions and behaviors

Figure 1. Study design

Intervention type	Teacher expertise	
	With REE expertise	No REE expertise
SELF Kit program	Group A	Group B
Non-systematic REE intervention	Group C	Group D
No intervention	Group E	Group F

4. Results

As expected, the group that worked with the SELF Kit program and had a teacher with REE expertise proved to be more efficient in improving the social, emotional ($F=4.16$, $p<.05$) and behavioral skills of children ($F=5.14$, $p<.05$), relative to all the other groups. The data, analyzed with Anova, showed no significant difference between non-systematic REE intervention groups, regardless of the teacher expertise. There is also a significant difference ($F=5.01$, $p<.05$) between the non-systematic REE intervention group with an expert teacher and the no intervention group with no teacher expertise. In what concerns the parents' and the teachers' assessments, there were no significant differences between the scores in pre or post-intervention evaluations. That means we can consider the results as objective measures and a good reliability for the scales items. For the cognitive scale and personal autonomy one, the scores revealed a significance of $p<.01$ ($F=4.31$) for the SELF Kit program with an expert teacher compared to all the other classes of children

5. Discussion and conclusion

The results support that the program we designed is effective in reducing both internalized and externalized problems in children aged 4 to 6. There are few attempts in research to implement REE programs that are meant to change irrational beliefs of young children because it is difficult to talk with them about thoughts, emotion and behavior. They are not familiar with this distinction and they don't have an appropriate and discriminative emotion vocabulary. We ask them if they are feeling good or bad, but we don't talk and explain about what "feeling good" or "feeling bad" means. Most of the children we worked with were not able to identify or name other emotions besides "happiness" or "sadness" and their synonym. So the first step in working with young children emotional development programs is to help them name, identify/recognize and describe emotions. At the age of 4 you can do this by play, so the memory-game from our Kit proves to be of big help with emotion recognition and naming of emotions. The children also liked very much the book of stories, because the images were very expressive and they could tell the story incorporating the ABC model to anyone interested (colleagues, parents, brothers). The coloring pages with the character having "ugly thoughts" and expressing unhealthy emotions and behavior help the children present the story topic to the parents, at home. The activities helped them identify personal situations when they reacted in the same manner, but with the help of the characters they could learn how to deal with that situation in the future, what to do. The activities and the poems also encouraged children to change the way they think and feel by outlining the connection between thought and emotion, and by how good thoughts aid everyone to feel better and behave in a proper manner.

The results support the idea that a systematic and complex intervention has better results on children. There was a 4 year old boy that received a red bracelet during the activity on shame because he did not want to change his ugly thoughts. But after 3 days, after coloring the images from the story and learning the poem, he came to the teacher and expressed his wish to change his bracelet. Because now he understands how ugly thoughts make him feel, and he doesn't want to feel shame again. So if the child is presented with a lot and diverse material that immerses him in the topic, he understands at the end what we want him to learn. In the groups with no REE intervention or without SELF Kit intervention, discussions about shame, for example, lasted only 15 to 20 minutes and the focus was on good behavior and what we are supposed to do when "caught in the act": just say "I am sorry", and don't do that again.

The teacher's expertise was also an important factor that had an influence on the efficiency of our program. We observed that even if they take the training program, for those with a poor understanding of the ABC model it was very difficult to make connections only between B (beliefs) and C (consequences). Although sometimes they were asking about what the child is thinking of, they didn't differentiate between irrational or rational beliefs and which one is making the child feel in a specific way. In the no intervention group and in the ones with no teacher REE expertise they focus only on the behavioral ABC model. More exactly, they only use rewards or penalties to change children's behavior. No effects were measured for the social and emotional development of this groups. These findings are not surprising because in the Romanian educational system we often teach educators how to change behaviors only by giving or taking something (rewards or penalties) from the children. That was the way we knew the development is going (the children learn what to do and not to do and why - the parents' or teacher's explanation). The teachers never cross to the other side of the line - what the child is thinking and feeling and why he always says "ok, I understand" and after a few minutes or days, he does it again.

Our pilot study also revealed that there is a need for changing focus on teacher training in Romanian pre-school classes, and there is an acute need for valid and adapted REE programs. In this respect it is necessary to develop curriculum-based programs that can help pre-school children develop their social, emotional and behavior skills before the age of eight, when the behavior and socio-emotional functioning seems to settle down (Huesmann, & Guerra, 1997).

Evidently, this study has some limits too. The number of subjects used in the study, the fact that we only worked with one kindergarten, the short period of time for intervention etc. The next step is to test the same children again in autumn (after 6 months) to see if the results obtained are stable and if the differences between groups will be the same. Therefore, we will continue to implement the program with the children in the Self Kit program group and with the expert teacher. We also plan to extend the study to a larger number of children from different kindergartens in Cluj and in other regions of the country to get more data, which we hope will increase the validity and the efficiency of the SELF Kit program, as a rational – emotive education program.

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